## EXHIBIT B

	Case	085e 065100725-1800 078		Tereplace 42/112/100-4	aPage Pog	<del>q <u>2</u> 0f 11</del>	
		• •	FIX	OI OI CLAIM			
Name	of Debtor:		Case Nu	mber:	[		
US	A Commercial	Hortgage 6.		'	}		
l us	A Casital Siver	rsified Trust Beled tond	BK-5-	06-10725 LBR			
كلاا	A Capital First	LTrust Seed Fund, LLC	J 4 1				
		of Debtors and Case Numbers. I to make a claim for an administrative	eynense	Check box if you are			
		nent of the case. A "request" for payme		aware that anyone else has			
adminis	strative expense may b	be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of			
Name	of Creditor and	Address:		statement giving particulars.	ł		
		11321241000	0082	П оказыкан жана			
1	1996 KNOBE	EL TRUST DATED 9/5/96		Check box if you have never received any notices			
		KNOBEL TRUSTEE		from the bankruptcy court or		S PROOF OF CLAIM FOR A	
İ	8919 CHALLI			BMC Group in this case.	ONE OF THE DE	EST IN A BORROWER THAT IS NOT STORS.	
	CHARLOTTE	ENC 28226-2687		Check box if this address	If you have also	eady filed a proof of claim with the	
				differs from the address on the envelope sent to you by the		or BMC, you do not need to file again.	
Credito	or Telephone Number (	(704) 543·0244		court.	THIS SPAC	E IS FOR COURT USE ONLY	
		other number by which creditor identifi	es debtor:	Chack bara	CAS		
# 1	Mc	•		if this claim D	a previously	filed claim dated:	
AI (J	U13			amer Lamer	nds		
	SIS FOR CLAIM		Retiree	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal	
∣⊔°	loods sold	Personal injury/wrongful death	☐ Wages,	salaries, and compensation (	(fill out below)	Other claims against servicer	
□ s	ervices performed	Taxes		r digits of your SS #:	·	(not for loan balances)	
<b>⊠</b> ∧	loney loaned	Other (describe briefly)		compensation for services pe	rformed from:	to	
'			•			(date) (date)	
2. DAT	E DEBT WAS INCUR	RRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:		
		AIM. Check the appropriate box or boxes	that best descr	ibe your claim and state the amo	unt of the claim at t	he time case filed.	
	reverse side for important			SECURED CLAIM			
UNSE	CURED NONPRIORIT	TY CLAIM \$			our claim ie eecu	red by collateral (including	
		is no collateral or lien securing your claim, or		43	oui ciaiiii is secui	ed by collateral (illicidumig	
	ceeds the value of the protitled to priority.	roperty securing it, or if c) none or only part	of your claim is	a right of setoff).	E a a II a ta a a I.		
-	CURED PRIORITY CL	_AIM		Brief description of			
		an unsecured claim, all or part of which is		Real Estate			
_	ntitled to priority.			Value of Collateral	: \$ 54.S	350,000,-	
Aı	mount entitled to priority	\$		Amount of arrearage a	,	at time case filed included in	
S	pecify the priority of the cla	laim:		secured claim, if any:	\$ 23,006	02	
		ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(	B) [	Up to \$2,225* of deposits town	ard nurchago logge	or contain of property or	
		ssions (up to \$10,000)*, earned within 180 of		services for personal, family, of			
<b>∟</b> be	efore filing of the bankrupt	tcy petition or cessation of the debtor's	.a,s	Taxes or penalties owed to go	overnmental units - 1	11 U.S.C. § 507(a)(8).	
bu	usiness, whichever is earl	tier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable par			
¦∐ ≎	ontributions to an employe	/ee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju	•	= ::: :	
				with respect to cases commer	nced on or after the	date of adjustment.	
	TAL AMOUNT OF CLA	AIM \$	\$ <u>348,</u>	006.20 \$	NA	_\$ <i>348,006.20</i>	
A1	TIME CASE FILED:	(unsecured)	(1	secured)	( <sup>'</sup> priority)	(Total)	
☐ Ch	eck this box if claim incl	ludes interest or other charges in addition	to the principal	amount of the claim. Attach ite	emized statement o	f all interest or additional charges.	
- CD	EDITO: The amount of	of all payments on this slaim has been	araditad and s	daduated for the aumone of a	nakina thia araaf	of alaim	
		of all payments on this claim has been MENTS: <u>Attach copies of supporting c</u>			• .		
run	ning accounts, contrac	cts, court judgments, mortgages, secur	rity agreement	ts, and evidence of perfection	of lien. DO NO	T SEND ORIGINAL	
		cuments are not available, explain. If the					
8. DA	TE-STAMPED COP	Y: To receive an acknowledgment of	of the filing of y	your claim, enclose a stampe	d, self-addressed	envelope and copy of this	
pro	of of claim.						
		pleted proof of claim form must be				THIS SPACE FOR COURT	
		s actually received on or before 5:00				USE ONLY	
	eacn person or entity vernmental units).	y (including individuals, partnership	, corporatio	nia, joint ventures, trusts a	iiu		
BY	BY MAIL TO: BY HAND OR OVERNIGHT DELIVERY TO:						
BMC Group Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center							
P. (	O. Box 911	_	1330 Eas	st Franklin Avenue			
<del></del>	Segundo, CA 90245-09			do, CA 90245			
DATE	. ,	SIGN and print the name and title, if any, this claim (attach copy of power of a					
11	1006		<u> </u>	L			
11	101	June Gunde	X, U	istrie			

4			· ·	
Name of Debtor	Case Nu	ımber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE. See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp ansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	cense of an	Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWE
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars		8 BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
1132124203346	5	-		S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUN
ADDES, KENNETH IRA		Check box if you have never received any notices		
100 W BROADWAY APT #7V LONG BEACH NY 11561		from the bankruptcy court or BMC Group in this case		tis proof of Claim for a REST in a Borrower that is no BTORS.
		Check box if this address differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC, you do not need to file agei
Creditor Telephone Number (5%) 897 - 3810/3820		court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies $6263$	debtor <sup>.</sup>	Check here replace or if this claim armen	a previously	y filed claim dated
1 BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation (f		Other claims against service
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned  Other (describe briefly)  FNTCREST	Unpaid c	ompensation for services per	formed from	to (date)
2 DATE DEBT WAS INCURRED- 4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		DURT JUDGMENT, DATE O		
UNSECURED NONPRIORITY CLAIM \$ 30,878, 66 Check this box if a) there is no collateral or lien securing your claim, or b) you entitled to priority UNSECURED PRIORITY CLAIM	your claim rur claim is	SECURED CLAIM Check this box if yo a right of setoff) Brief description of	coliateral	red by collateral (including
Check this box if you have an unsecured claim, all or part of which is entitled to priority		Value of Collateral	1 MYNOL AGLIICIG	Ci Other Comment of the Comment
Amount entitled to pnority \$		1		mercentanium control on on the second on the
Specify the priority of the claim		secured claim, if any: \$	380, 9	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
Wages, salanes, or commissions (up to \$10,000)*, earned within 180 days	وسسو	services for personal, family, or	household use -1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	H	Taxes or penalties owed to gov Other - Specify applicable parag		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	ii	* Amounts are subject to adjust with respect to cases commenc	ment on 4/1/07 an	d every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 30, 828. 66 \$ (unsecured)	350,0	000.00.\$	( pnority)	\$ 380,878.66 (Total)
Check this box if claim includes interest or other charges in addition to the	•	• • •	**	•
6. CREDITS The amount of all payments on this claim has been credit of SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security account of the documents are not available, explain if the documents are not available.	ited and de ments, suc	educted for the purpose of ma th as promissory notes, purch and evidence of perfection of	aking this proof on nase orders, invo	of claim
B DATE-STAMPED COPY. To receive an acknowledgment of the proof of claim	filling of yo	ur claim, enclose a stamped,	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, co governmental units)	prevailing orporation	Pacific time, on Novembers, joint ventures, trusts and	13, 2006	THIS SPACE FOR COURT USE ONLY
		R OVERNIGHT DELIVERY TO		
P O Box 911	1330 East	CM Claims Docketing Center Franklin Avenue	1	FILED DEC 0 8 200
El Segundo, CA 90245-0911  DATE  SIGN and print the name and title, if any, of the this claim (attach copy of power of attorne	creditor or c	o, CA 90245 Other person authorized to file		USA CMC
12/2/06 Denveth + 3				1072501623

El Segundo CA 90245

SIGN and print the name and title, if any of the creditor prether person authorized to file

this claim (attach copy of power of attorney if any

**USA CMC** 

	llered 07124/11 13:45:24	Page 5 of II		
DISTRICT OF NEVADA	OOF OF CLAIM			
Name of Debtor ALAN G : PATTY & DONDERD Case N REUDINBLE TRUST 1942 D ORDERO	umber			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor and Address  DONDERO, ALAN ALAN G DONDERO & PATTY J DONDERO TRUSTEES OF THE ALAN G & PATTY J DONDERO 1992 REVOCABLE TRUST 10120 W FLAMINGO RD STE #4-252 LAS VEGAS NV 89147-8394 (%66) 5-9.2 8686	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	FILE THIS PROOF OF CLAIM FOR A ED INTEREST IN A BORROWER THAT IS NOT THE DEBTORS If have already filed a proof of claim with the otoy Court or BMC you do not need to file again		
Creditor Telephone Number ( ) 702 - 740 - 5455	court	IS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or fthis claim amends	reviously fileo claim dated		
	benefits as defined in 11 USC § 11	14(a) Unremitted principal		
Goods sold Personal injury/wrongful death Wages	salaries, and compensation (fill out be	elow)		
	r digits of your SS #	(not for loan balances)		
Money loaned Unpaid Unpaid	compensation for services performed			
2 DATE DEBT WAS INCURRED 2004 3 IF	OURT JUDGMENT, DATE OBTAINE	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc				
See reverse side for important explanations	SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) your claim.	Check this box if your claim	n is secured by collateral (including		
exceeds the value of the property securing it or if c) none or only part of your claim is	T 1			
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of collaters			
Check this box if you have an unsecured claim all or part of which is	Real Estate 🔲 Moto	r Vehicle		
entitled to priority	Value of Collateral \$	UHN		
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other secured claim, if any \$	charges <u>at time case filed</u> included in		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purcha	ase lease or rental of property or		
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or househ	old use -11 U S C § 507(a)(7)		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to government	- · · · · · · · · · · · · · · · · · · ·		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of * Amounts are subject to adjustment on			
	with respect to cases commenced on o	r after the date of adjustment		
AT TIME CASE FILED	0,800\$	\$ 130,800		
(unsecured)  Check this box if claim includes interest or other charges in addition to the principal	(secured) (priorit I amount of the claim Attach itemized sit	**		
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, running accounts, contracts court judgments mortgages, security agreements.	such as promissory notes purchase or its, and evidence of perfection of lien	ders invoices itemized statements of		
DOCUMENTS If the documents are not available explain. If the document  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	your claim enclose a stamped self-ac	ddressed envelope and copy of this		
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate governmental units)	ng Pacific time, on November 13, 20 ons, joint ventures, trusts and	THIS SPACE FOR COURT USE ONLY		
BY MAIL TO BMC Group  BMC Group  BY HAND OR OVERNIGHT DELIVERY TO BMC Group				
Attn USACM Claims Docketing Center Attn US P O Box 911 1330 Ea	FILED NOV 2 7 2006			
El Segundo CA 90245-0911 El Segu	ndo CA 90245	USA CMC		
DATE SIGN and print the name and title if any of the creditor this playin (attach copy of power of attorney if any	or other person authorized to file	AT BEET THE MENT OF THE BEET		
"/21/06 Cd and I we and a	- Alan G. Do	1072501471		

United Stalls Bankruptcy Court	DISTRICT OF Nevada						
		PROOF OF CLAIM					
Name of Dubtor	Case Number	.2					
USA COMMERCIAL MONTGAGE GUPA	y 06-10725-LB,						
NOTE This form should not be used to make a claim for an administrative expense material of the case. A request for payment of an administrative expense materials are supported by the case.		nt					
or the case. A request for payment of an administrative expense the	y oo mee persuant to 11 OSC 9 107						
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyon						
debtor owes money or property) ARNUES &	else has filed a proof of claim relating your claim Attach copy of statement	io .					
AGNES I ALVES, TRUSTEES UF THE ALVES FAMILY TRUST, SATED 10/27/89	giving particulars						
Name and address where notices should be sent	Check box if you have never received						
9904 VILLA GRANITO LANE	notices from the bankruptcy court in the case	nis					
GRANITE BAY, CA 95746-6481	Check box if the address differs from the	•					
Telephone number	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY					
Last four digits of account or other number by which creditor	Check here replaces						
identifies debtor	if this claim amends a previously	filed claim dated					
1 Rasis for Claim	Retiree benefits as defined	in 11 USC § 1114(a)					
Goods sold	Wages salaries and comp	ensation (fill out below)					
Services performed	Last four digits of your SS Unpaid compensation for						
Money loaned Personal injury/wrongful death	• •	•					
Taxes SEE EXHIBIT A	from(date)	to(date)					
Other Other							
2. Date debt was incurred 6/1/05	3. If court judgment, date obtain	ned					
4 Classification of Claim Check the appropriate box or boxes th	at best describe your claim and state the amo	ount of the claim at the time case filed					
See reverse side for important explanations.	Secured Claim						
Unsecured Nonpriority Claim \$	Charles have been of secure alo	um is cooured by colleteral (including					
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral							
only part of your claim is entitled to priority	ateral						
Unsecured Priority Claim	Real Estate Mo	tor Vehicle Other					
Check this box if you have an unsecured claim all or part of v	Value of Collateral \$2	INKNOWN					
entitled to priority  Amount of arrearage and other charges at time case filed included in							
Amount entitled to priority \$	secured claim if any \$\(\frac{\lambda}{\lambda}\cdot\)	E J OF EX A					
Specify the priority of the claim	Up to \$2,225* of deposits toward	purchase lease, or rental of property					
Or services for personal family or household use - 11 U S C  507(a)(1)(A) or  8 507(a)(7)							
(a)(1)(B)							
Wages salaries, or commissions (up to \$10,000),* earned within 180  Other - Specify applicable paragraph of 11 USC § 507(a)(8)  Other - Specify applicable paragraph of 11 USC § 507(a)()							
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4)	*Amounts are subject to adjustment of						
Contributions to an employee benefit plan - 11 USC § 507(a		on or after the date of adjustment					
5 Total Amount of Claim at Time Case Filed	\$ LN 4 Ex A LN 4 Ex	4 ANY EX A					
	(unsecured) (secured)	(priority) (Total)					
Check this box if claim includes interest or other charges in additional charges.	ition to the principal amount of the claim. A	ttach itemized statement of all					
6 Credits The amount of all payments on this claim has been	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY					
making this proof of claim	• •	THE STAGE THE COOKE ON ONLY					
7 Supporting Documents Attach copies of supporting documents	ents, such as promissory notes purchase	D (\$) (95					
orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN	CIS COURT JUDGMents mortgages, security	LED JAN 0 9 2007					
documents are not available explain if the documents are voluments	ninous, attach a summary	ILLO OTTO					
8 Date-Stamped Copy To receive an acknowledgment of the fil	ing of your claim, enclose a stamped self-						
addressed envelope and copy of this proof of claim.	-						
Date  Sign and print the name and title if any, of the file this etail (attach copy of power of attor).	ne creditor or other person authorized to						
1/8/2007	ncy, ii dily)						
(Could K Muss	Thurstoo	USA CMC					
Penalty for presenting fraudulent claim Fine of up to \$500 000 or	Impresonment for up to 5 years on both 191						
	improviment for up to 3 years of DOM 18	1072501904					

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM		
Name of Debtor	Case Nu	mhar		
USA Commercial Mortgage Company	0725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
Gary B. Anderson & Barbara L. And Trustees of the Anderson Family		Check box if you have never received any notices from the bankruptcy court or		
dtd 7/21/92		BMC Group in this case	SECURED INTERE	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
PO Box 699 Carnelian Bay, CA 96104		Check box if this address differs from the address on the envelope sent to you by the		TORS ady filed a proof of claim with the proof of clai
Creditor Telephone Number ( )		court	1 ' '	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Chack here   repla	ces	
3814 3217		Check here replace or if this claim amer	<ul> <li>a previously 1</li> </ul>	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages :	salanes and compensation (	fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS#		(notici reali balances)
Money loaned Uniter (describe briefly) See attached	Unpaid o	compensation for services pe	rformed from	(date) to
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE (		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amo	unt of the claim at th	e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 500,000.00		SECURED CLAIM		
Check this box if a) there is no collateral or lien secaring your claim or b)	vour claim	Check this box if y	our claim is secure	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description of		
Check this box if you have an unsecured claim all or part of which is		X Real Estate	Motor Vehicle	☐ Other
entitled to priority		Value of Collateral	\$ Unkne	own
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 500,000	<del>). o <i>(</i>)</del>
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tow		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	• -	services for personal family  Taxes or penalties owed to go		• , ,
business whichever is earlier - 11 U S C § 507(a)(4)	F	Other - Specify applicable pa		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u></u>	* Amounts are subject to adju	~ .	•
E TOTAL AMOUNT OF OLD IN CO.	Fac. 1	with respect to cases comme	nced on or after the	
5 TOTAL AMOUNT OF CLAIM \$ 500,000.00 \$	>00,0	8		\$ 500,000.00
(unsecured)  Check this box if claim includes interest or other charges in addition to t	•	secured) amount of the claim Attach ite	( pnonty) emized statement of	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre	edited and	deducted for the purpose of	making this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain if the	<u>uments.</u> se agreemen	uch as promissory notes put ts and evidence of perfection	rchase orders inventor of lien DO NO	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	envelope and copy of this
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevaili	ng Pacific time, on Novemi	per 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) EY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY T	•	EILEN LAND A
BMC Group Attn USACM Claims Docketing Center	BMC Gro	oup ACM Claims Docketing Cent		FILED JAN 1 3 200
P O Box 911 1330 East Franklin Avenue				
El Segundo CA 90245-0911		ndo CA 90245		
DATE SIGN and print the name and title if any of the pass claim (attach copy of power of atto				USA CMC
(12 ) went rates	Erv	en T. Nelson,	Attorney	1072502301

P. S. T. A. A. MENT TO THE REST OF MANY TO SEE THE PROPERTY OF	-						
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM					
Name of Debtor		_mber					
USA Commercia / Mortgage Company	06-1	10725-LBR					
NOTE See the rerse for List of Debtors and Case Numbers							
This form should not be used to make a claim for an administrative exp		Greek my in ou sie					
lationing after the commencement of the case in request for bayment ladministrative expense may be filed pursuant to 11 U.S.C. § 503	OI AII	or daim Atach copy of					
Name of Creditor and Address ANN E Brant Survivars TRUST OFFED.	chalon	sa ement o vino particulars	4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-				
C/O Raymond & Brant TRUSTEE	->1540 I	Check box it voir have					
P.O. BOX 728		neve rece ed ar no ces mm he nank untry co mor		HS PROOF OF CLAIM FOP A			
Diablo, CA 94528		Bri-C Group in this cade	SECURED INTE	rest in a borrowep that is not Bitors			
		Creck box if 7 5 add ess divers from the address on the		ead, figura profotolar in incident file again			
Стани Тыкриин Number <b>937 855-995</b> /		envelope sent to ou by the	1	CE IS FOR COURT USE ONLY			
Last four digito of account or owner hundle ib, which creater den fee	deb :-	Check he 3 Intental	:es				
		liscam arer		i flien ula militarea			
1 BASIS FOR CLAIM	] F2_ =2	teneft ce defret n * 15	Ĵ§ ^~,≘	Uh em ed prodes			
Grads soid Personal injury/wro infull Leain Diservices option en Taxes		se er es et d'out pe sauc il	ເພວດ ວອ¦> <sub>ກາງ</sub>	Otronoloma egents ser loc			
More violated 2 Street identities unefly a		rdig sor,olineer Timppha on foreer lines ,		its in the particular region			
SEE EXPIDIT A	C. F.	High state of the		/de/e /de a)			
2 DATE DEBT WAS INCURRED 6-28-2005		OURT JUDGMENT DATE C					
4 CLASSIFICATION OF CLAIM Closef to appropriate 20 to be with the See reversels on the important exerciserances.	ئلائد ب		_o _ ec,_~_	ht is assisted			
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		ರ್ಥ ಶಿಟರಿಗ್ರ, ತಾರಿ ಎಂದು ನಿರವರಕ್ಕ			
Direction if a release of decision terms of the section and the section and the section of t		Accorded .	Ja 4 1 0 0000	i ad ni oo ko a li oda g			
UNSECUPED PRIOPITY CLAIM		oret tear of on or	collateral				
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TO DU INTO DICE OF I DISTORDED DET OF LIPITATE OF CONTROL OF STATE	L.	J Culo Opodiya <sub>k</sub> , Lau6 ya. *		11 (14,5 + 301 Te dec			
5 TOTAL AMOUNT OF CLAIM & I., WEVA &	1 11	- 65, 55 55.8.4. 777 Exa 8	55. C _/_	29 51 E B. (A			
AT TIME CASE FILED	La 4	EXT		YUJEXH			
בי ביל ביל אם לבי הביל לבי היו מילי של ביל היו מילי ביל ביל ביל ביל ביל ביל ביל ביל ביל							
16 CREDITS The arroun of autovinents on this cautinas seen de 17 SUPPORTING DOCUMENTS - 1807 300 30 57 3 580 1 9 000							
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8 DATE-STAMPED COPY To ede e en actino edemen ortin				den alope and coplion he			
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY			
governmental units)  By Fight To  BMC Group		OR OVERNIGHT DELIVERY TO	<b>)</b>	v-angering age			
BMC Group Attn USACM Claims Docketing Center	BMC Gro			E-manuficka			
P O Box 91		st Franklin Avenue		4 6007			
		ndo CA 90245	<del></del>	ED JAN 11 2007			
1/8/2007 Comment of	nan	Mustee		USA CMC			
Penal'v tor p esenting fraudulent claim is a fine or up to \$500 000 or imprisonme	ent ior up to	b vears or both lous C §§	152 AND 3571				

Case 06-10725-gwz Doc 8697-2 Entered 07/24/11 13:45:24 Page 9 of 11 FORM B10 (Official Form 10) (10/05)

United Stalls Bankruptcy Court	PROOF OF CLAIM							
Name of Dubtor	PROOF OF CLAIM							
USA COMMERCIAL MORTGAGE	6	Number 1814-8-06-10725-	184					
NOTE The form should not be used to make a days for an about	<del>(U)</del>	DA O O IOTZAL	<del>ÇEN</del> VED AND FILED					
NOTH This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense m	nt							
	901 UG 14 P = 24							
Name of Creditor (The person or other entity to whom the		eck box if you are aware that anyon	; <u> </u>					
debtor owes money or property)	els	e has filed a proof of claim relating t	o numberor coupt					
APG TRUST DATED 7/5/00	011	ur claim Attach copy of statement or	ATRICIA GRAY CLERK					
% ALEX G. GASSIOT, TRUSTE	iny							
Name and address where notices should be sent	no	tices from the bankruptcy court in th						
3710 CLOVER WAY	Cas	•						
Telephone number 725 - 826 - 8280		eck box if the address differs from the iress on the envelope sent to you by						
Telephone number 775 - 824 - 8280		court.	THIS SPACE IS FOR COURT USE ONLY					
Last four digits of account or other number by which creditor	Ch	eck here  replaces						
Identifies debtor ? (C4ENT# 1D 5270)	ıft	his claim 🔲 amends a previously	filed claim dated					
1 Basis for Claim		☐ Retiree benefits as defined	in 11 11 S.C. 8   114(a)					
☐ Goods sold		☐ Wages salaries and compe	- · · · · · · · · · · · · · · · · · · ·					
Services performed		Last four digits of your SS	#					
Money loaned		Unpaid compensation for s	ervices performed					
Personal injury/wrongful death		from						
☐ Taxes ☐ Other ————————————————————————————————————		(date)	(date)					
	3	16						
2. Date debt was incurred 5/3/04, 6/20/05 10/24/05 3/01/0		If court judgment, date obtain	ned					
4 Classification of Claim. Check the appropriate box or boxes th	iat best de		unt of the claim at the time case file					
Unsecured Nonpriority Claim \$	See reverse side for important explanations  Unsecured Nonpriority Claim 5							
Charleston beautiful and the state of the st								
<ul> <li>Check this box if a) there is no collateral or lien securing you</li> <li>b) your claim exceeds the value of the property securing it or if c)</li> <li>only part of your claim is entitled to priority</li> </ul>	_							
only part of your claim is entitled to priority	teral							
Unsecured Priority Claim	or Vehicle Other							
Check this box if you have an unsecured claim all or part of w	vhich is	Value of Collateral \$	300,000 t					
entitled to priority  Amount of arrearage and other charges at time case filed included in								
Amount entitled to priority \$ secured claim if any \$								
Specify the priority of the claim  Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C								
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)	r	§ 507(a)(7)	nousehold use - 11 U S C					
		Taxes or penalties owed to govern	mental units - 11 USC § 507(a)(8)					
Wages, salaries, or commissions (up to \$10,000),* earned within	180	Other - Specify applicable paragra						
days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier 1! U S C § 507(a)(4)	ors —	nounts are subject to adjustment on						
☐ Contributions to an employee benefit plan - 11 USC § 507(a)	• •••	with respect to cases commenced of	n or after the date of adjustment					
	)(3)							
5 Total Amount of Claim at Time Case Filed	\$	(unsecured) (secured)	250,260+					
Check this box if claim includes interest or other charges in add	ition to th	(unsecured) (secured) e principal amount of the claim Att	(priority) (Tôtal) such itemized statement of all					
inductor of additional charges.								
6. Credits The amount of all payments on this claim has been	credited a	nd deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY					
making this proof of claim								
7 Supporting Documents Attach copies of supporting docume	nts, such a	as promissory notes, purchase						
orders invoices itemized statements of running accounts contra	cts, court j	udgments, mortgages, security						
agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are voluments are voluments are voluments.								
8. Date-Stamped Copy To receive an acknowledgment of the file	mnous att	s claim and a summary						
addressed envelope and copy of this proof of claim	ing or you	ciaim, enciose a stamped, self-						
Date / Sign and print the name and title if any, of the creditor or other person authorized to								
The this claim (attach copy of power of attorn	nev, if any	)						
ALEX FIGASSI	OT;	TRUSTEE						
	-	_	USA CMC					
Penalty for presenting fraudulent claim Fine of up to \$500 000 or	mpprsonm	ent for up to 5 years or both 10 th	"###################################					
	passwillia	an lot up to 3 years of both 18 U	10/2000153					

,	OOF OF CLAIM \				
Name of Debtor Case N	lumber				
	1-5-06-1072-5 LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Chack have from one				
ansing after the commencement of the case A "request" for payment of an	Check box if you are aware that anyone else has				
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of				
Name of Creditor and Address	statement giving particulars				
11321241000105 ARTHUR E KEBBLE & THELMA M KEBBLE FAMILY	Check box if you have				
TRUST DATED 5/19/95	never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A				
C/O ARTHUR E KEBBLE & THELMA M KEBBLE TRUSTEES 9512 SALEM HILLS CT	BMC Group in this case  SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS				
LAS VEGAS NV 89134-7883	Check box if this address differs from the address on the lif you have already filed a proof of claim with the				
Outto Tilester Nation (2) 7 2/5 (1) 6	envelope sent to you by the Bankruptcy Court or BMC you do not need to file again				
Creditor Telephone Number (762 – 242 – 4129) Last four digits of account or other number by which creditor identifies debtor	THIS SPACE IS FOR COOK! USE ONLY				
#1683	Check here or a previously filed claim dated amends				
	e benefits as defined in 11 U S C § 1114(a) Unremitted principal				
Goods sold Personal injury/wrongful death Wages	salanes and compensation (fill out below)				
The state of the s	ur digits of your SS # (not for loan balances)				
Money loaned Unpaid Unp	compensation for services performed from to(date) (date)				
	COURT JUDGMENT, DATE OBTAINED				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des See reverse side for important explanations	cribe your claim and state the amount of the claim at the time case filed				
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM				
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	s a right of setoff) SISTTRUST DECA				
UNSECURED PRIORITY CLAIM	Brief description of collateral (OW PROPERTY				
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Office				
entitled to priority  Amount entitled to priority \$	Value of Collateral \$ +32,646 71 5 7 313,767.6				
Specify the priority of the claim	Amount of arrearage and other charges included in secured claim, if any \$ 32,040,71				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or				
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or household use 11 U S C § 507(a)(7)				
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)				
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other - Specify applicable paragraph of 11 U S C § 507(a) ( )  * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter				
5 TOTAL AMOUNT OF CLAIM \$ \$ ス(ス	with respect to cases commenced on or after the date of adjustment				
AT TIME CASE FILED	167.61 + INTEREST 10,292\$54 7 \$327,563.				
(unsecured)  Check this box if claim includes interest or other charges in addition to the princip	(secured) + Het brains 3,553.82 (Total) x				
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of making this proof of claim				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts, court judgments, mortgages, security agreeme DOCUMENTS If the documents are not available explain. If the documents	nts, and evidence of perfection of lien. DO NOT SEND ORIGINAL				
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim					
The original of this completed proof of claim form must be sent by mai	or hand delivered (FAXES NOT THIS SPACE FOR COURT				
ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat	ing Pacific time, on November 13, 2006				
governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group FILED ALOVE 1 0 2006					
Attn USACM Claims Docketing Center  Attn USACM Claims Docketing Center TILEU NUV TU ZUUC					
P O Box 911 1330 Ea	ist Franklin Avenue ndo CA 90245				
DATE SIGN and print the name and title if any of the creditor	or other person authorized to file				
this claim (attach copy of power of attorney if any					
TRUSTEE C	Extent Kabble 1072501111				

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada						
Name of Debtor Case Number					PROOF OF CLAIM	
USA Commercial Mortgage Co	1			10725-LB	R	
NOTE This form should not be used to make a claim for an adminis	strative exp	ense a	ពោនរាវ	after the commenceme	nt	
of the cise. A request for payment of an administrative expense ma	ay be filed	pursua	int to	11 USC § 503		
Name of Creditor (The person or other entity to whom the				ou are aware that anyon		
debtor owes money or property)	1			proof of claim relating tach copy of statement	Ю	
C. DONOLD Ayers		ng par				
Name and address where notices should be sent		Check box if you have never received any notices from the bankruptcy court in this				
C DONACO Agers POBOX 1769 MAMMIN TO LOLO, CA 93546	1 1 1	Check box if the address differs from the				
Mamm in 20 ho, CA (73,76) Telephone number 760 - 934 - 1664	add	ress or		envelope sent to you by		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		court ck her	e	replaces		
identifies debtor	ıf th	us clai	m	amends a previously	filed	claim dated
1 Basis for Claim				ree benefits as defined		
Goods sold Services performed				ges salaries and comp four digits of your SS		
Money loaned				aid compensation for		
Personal injury/wrongful death Taxes			fron	n	to,	
Other See E.		_		(date)		(date)
2 Date debt was incurred	3.	If c	ourt	judgment, date obtai	ned	
4 Classification of Claim Check the appropriate box or boxes th	at best des	cnbe	your	claim and state the amo	unt of	the claim at the time case filed
See reverse side for important explanations				l Claim		
Unsecured Nonpriority Claim \$ 12,393,77	ır alaım ar		CI	neck this box if your cla	ım ıs s	ecured by collateral (including
b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to property.						
Unsecured Priority Claim Real Estate Motor Ve						hicle Other
Check this box if you have an unsecured claim all or part of which is  Value of Collateral \$ 617					NKNOWN	
entitled to priority  Amount of arrearage and other charge					s at time case filed included in	
Amount entitled to priority \$ secured claim if any \$_1993					<u>. 5</u> 4	
Specify the priority of the claim  Up to \$2 225* of deposits toward purch					ase lease or rental of property	
Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or \$ 507(a)(7)					r hous	ehold use 11 USC
Wages salaries or commissions (up to \$10 000) * earned within		Taxes	or p	enalties owed to govern	menta	nl units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debter business whichever is earlier 11 USC \( \) 507(a)(4)	ors 🔲		•	• • • •	•	11 USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C & 507(a)		nounts with i	are . respe	subject to adjustment or ct to cases commenced	1 4/1/( on or	17 and every 3 years thereafter after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	12	38	299 117,929	663	117,92763
Check this box if claim includes interest or other charges in additional charges	ittion to th		cured cipal	(secured)	(pr	ority) (Total)
6 Credits The amount of all payments on this claim has been	credited a	nd de	ducte	d for the purpose of	T	IIS SIACI IS FOR COURT USE ONLY
making this proof of claim					,,,	ET STACE THE COURT ON ONLY
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase						
orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available explain. If the documents are voluminous attach a summary						D JAN 12 2007
8 Date Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self- FLEU JAIN 1 B 2007 addressed envelope and copy of this proof of claim						
Date Sign and print the name and title if any of the creditor or other person authorized to						
file this claim (attach copy of power of atterney of any)					,	USA CMC
	M	1				
					_	10/2502160